

County: Sawyer
VALLEY HEALTH CARE CENTER
10775 NYMAN AVENUE

Facility ID: 9100

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HAYWARD 54843 Phone: (715) 634-2202
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 60
Total Licensed Bed Capacity (12/31/01): 60
Number of Residents on 12/31/01: 57

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 54

Corporation
Skilled
No
Yes
Yes
54

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.9
Supp. Home Care-Personal Care	No					1 - 4 Years		36.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.0	More Than 4 Years		19.3
Day Services	Yes	Mental Illness (Org./Psy)	35.1	65 - 74	10.5			-----
Respite Care	Yes	Mental Illness (Other)	5.3	75 - 84	26.3			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	45.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	10.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.5		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	12.3	65 & Over	93.0	-----		
Transportation	Yes	Cerebrovascular	10.5		-----	RNs		8.9
Referral Service	Yes	Diabetes	5.3	Sex	%	LPNs		9.7
Other Services	No	Respiratory	10.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.0	Male	26.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0
Skilled Care	6	100.0	223	40	93.0	93	0	0.0	0	8	100.0	122	0	0.0	0	0	0.0	54
Intermediate	---	---	---	3	7.0	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Total	6	100.0		43	100.0		0	0.0		8	100.0		0	0.0		0	0.0	57

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	14.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	7.7	Bathing	12.3	36.8	50.9	57
Other Nursing Homes	5.1	Dressing	10.5	50.9	38.6	57
Acute Care Hospitals	60.3	Transferring	21.1	43.9	35.1	57
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	21.1	45.6	33.3	57
Rehabilitation Hospitals	0.0	Eating	50.9	31.6	17.5	57
Other Locations	12.8	*****				
Total Number of Admissions	78	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.5	Receiving Respiratory Care		12.3
Private Home/No Home Health	22.2	Occ/Freq. Incontinent of Bladder	50.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	17.3	Occ/Freq. Incontinent of Bowel	38.6	Receiving Suctioning		1.8
Other Nursing Homes	3.7			Receiving Ostomy Care		3.5
Acute Care Hospitals	21.0	Mobility		Receiving Tube Feeding		7.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.8	Receiving Mechanically Altered Diets		19.3
Rehabilitation Hospitals	0.0					
Other Locations	1.2	Skin Care		Other Resident Characteristics		
Deaths	34.6	With Pressure Sores	1.8	Have Advance Directives		63.2
Total Number of Discharges (Including Deaths)	81	With Rashes	3.5	Medications		
				Receiving Psychoactive Drugs		56.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	80.3	1.12	85.1	1.06	84.4	1.07	84.6	1.06
Current Residents from In-County	84.2	72.7	1.16	72.2	1.17	75.4	1.12	77.0	1.09
Admissions from In-County, Still Residing	26.9	18.3	1.47	20.8	1.29	22.1	1.22	20.8	1.29
Admissions/Average Daily Census	144.4	139.0	1.04	111.7	1.29	118.1	1.22	128.9	1.12
Discharges/Average Daily Census	150.0	139.3	1.08	112.2	1.34	118.3	1.27	130.0	1.15
Discharges To Private Residence/Average Daily Census	59.3	58.4	1.01	42.8	1.38	46.1	1.29	52.8	1.12
Residents Receiving Skilled Care	94.7	91.2	1.04	91.3	1.04	91.6	1.03	85.3	1.11
Residents Aged 65 and Older	93.0	96.0	0.97	93.6	0.99	94.2	0.99	87.5	1.06
Title 19 (Medicaid) Funded Residents	75.4	72.1	1.05	67.0	1.13	69.7	1.08	68.7	1.10
Private Pay Funded Residents	14.0	18.5	0.76	23.5	0.60	21.2	0.66	22.0	0.64
Developmentally Disabled Residents	0.0	1.0	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	40.4	36.3	1.11	41.0	0.98	39.5	1.02	33.8	1.19
General Medical Service Residents	14.0	16.8	0.84	16.1	0.87	16.2	0.87	19.4	0.72
Impaired ADL (Mean)	56.5	46.6	1.21	48.7	1.16	48.5	1.16	49.3	1.15
Psychological Problems	56.1	47.8	1.18	50.2	1.12	50.0	1.12	51.9	1.08
Nursing Care Required (Mean)	6.1	7.1	0.86	7.3	0.84	7.0	0.87	7.3	0.84